

PTO/SB/21 (09-04)

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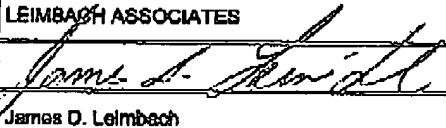
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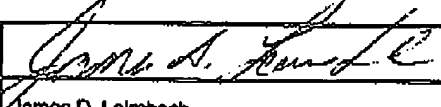
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|--|----------------------|------------------------|--|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 09/934,654 | RECEIVED CENTRAL FAX CENTER JUL 25 2005 |
| | Filing Date | 09/18/2001 | |
| | First Named Inventor | Adolf Proidl | |
| | Art Unit | 2161 | |
| | Examiner Name | Karen C. Tang | |
| Total Number of Pages In This Submission | 15 | Attorney Docket Number | AT 000053 |

| ENCLOSURES (Check all that apply) | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fees Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div style="border: 1px solid black; padding: 2px;">Remarks</div> <p>Enclosed is a response to an Office Action and a Petition for a one month extension.</p> | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Brief, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | LEIMBACH ASSOCIATES | | |
| Signature |  | | |
| Printed name | James D. Leimbach | | |
| Date | July 25, 2005 | Reg. No. | 34,374 |

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| Typed or printed name | James D. Leimbach | Date | July 25, 2005 |

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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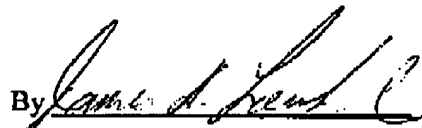
In re Application of:) Atty. Docket AT 000053
Adolf Proidl)
Serial No. 09/954,654) Group Art Unit:
Filed: 09/18/2001) 2151
TITLE: INTERNET RECEIVING) Examiner:
ARRANGEMENT HAVING QUALITY) Karen C. Tang
TEST MEANS)

VIA FACSIMILE TRANSMISSION TO (703) 872-9306

Mail Stop: Amendment
Commissioner for Patents
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Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated March 25, 2005, the Applicant submits the following Amendment and Remarks for the above referenced application.

By 
James D. Leimbach, Reg. No. 34,374
Patent Attorney (585) 381-9983

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Serial No 09/954,654

1